



TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
ROOF FASTENER AND SHINGLES CERTIFICATE

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843) 706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Roof Fastener and Shingles Certificate Before Exterior Sheathing Inspection		
Permit Number:		
Contractor Name:	Owner Name:	
Address:	Address:	
Phone:	Phone:	
Location of Work:		
Roof Fastener and Shingles Regulations		
<ul style="list-style-type: none">○ Roof fasteners have been installed per the Professional Designer's requirements on the plan○ Shingles have been installed per the manufacturers installation instructions based on 130 mph 3 second wind gust		
Certification		
The Contractor hereby certifies the above referenced Roof Fastener and Shingles Certification is in accordance with the specification established by the International Residential Code, Professional Designer's specifications, and the manufacturer installation instructions.		
_____	_____	_____
Print name	Signature of Contractor/authorized agent	Date
_____	_____	_____
Print name	Signature of Notary	Date
_____	_____	
Notary State Commission	Notary Expiration Date	